

APPENDIX A

VARIABLE LIST

CHIP VARIABLE LIST

SOUTH CAROLINA DSS CLIENT HISTORY AND INFORMATION PROFILE (CHIP)
END-OF-MONTH DATA FOR THE SCCAP DEMONSTRATION EVALUATION

Data Item	Field Name	Notes/Questions
FILE 1: CASE-LEVEL RECORDS (HOUSEHOLD LEVEL)		
DSS Case Number	CASE-NUMBER	
County	COUNTY-NUMBER	
SCCAP Status	SCCAP-HH-IND	Only if benefit issued
Case Load Number	CASELOAD-NUMBER	To determine case worker
Application Date	PROGRAM-STATUS-DATE	Can not determine application or issuance dates prior to 8/88; breaks in services, no matter how short, will result in new application and issuance dates.
Date of Initial Issuance	PROGRAM-START-DATE	
Date a Program Involvement Was Ended	PROGRAM-END-DATE	
Reason a Program Was Denied or Closed	DENIAL-CLOSE-REASON	
Program Status	PROGRAM-STATUS	
Date the Status Is Effective	PROGRAM-STATUS-DATE	
Recertification Date	RECERT-MONTH-DUE	
Benefit Amount-Regular	REG-MONTHLY-BEN-AMT	
Benefit Amount-Prorated	PRORATED-BENEFIT-AMT	
Benefit Amount -Calculated	CALCULATED-AMT	
Benefit Amount - Authorized by the E.W.	BENEFIT-AMT	
Benefit Amount Finally Paid, After Recoupment	ISSUED-AMT	
Excess Shelter Expense	EXCESS-SHELTER-COST	
Excess Medical Expense	EXCESS-MEDICAL-COST	

Data Item	Field Name	Notes/Questions
FILE 1: CASE-LEVEL RECORDS (cont.)		
Household Size	HOUSEHOLD-SIZE	
Household Type	HOUSEHOLD-TYPE	
Gross Income Earned	GROSS-EARNED-INCOME	
Deemed Income	DEEMED-INCOME	
Gross Income Unearned	GROSS-UNEARN-INCOME	
Countable Income	COUNTABLE-INCOME	
Total Countable Resources	COUNTABLE-RESOURCES	
Standard Deduction	STANDARD DEDUCTION	
SUA Used	SUA-IND	
Residential Phone number	TELEPHONE	
Residential Address-Street1	STREET1	
Residential Address-Street2	STREET2	
Residential Address-City	CITY	
Residential Address-State	STATE	
Residential Address-Zip	ZIP-CODE	
Mailing Address-Street1	STREET1	
Mailing Address-Street2	STREET2	
Mailing Address-City	CITY	
Mailing Address-State	STATE	
Mailing Address-Zip Code	ZIP-CODE	
Dependent Care Deduction	DEPENDENT-CARE	
Earned Income Deduction	EARNED-INC-DEDUCTION	
Work Expenses Disregard	WORK-EXPENSE	
Earned Income Disregard	THIRTY-ONE-THIRD	

Data Item	Field Name	Notes/Questions
FILE 2: CLIENT-LEVEL RECORDS (HOUSEHOLD LEVEL)		
Expedited Service Receipt	EXPEDITED-IND	
DSS Case Number	CASE-NUMBER	
Client Number	CLIENT-NUMBER	
Social Security Number	SSN	
Client Surname	CLIENT-SURNAME	
Client First Name	CLIENT-GIVEN-NAME	
Client Middle Name	CLIENT-MIDDLE-NAME	
Client Age (via DOB)	DATE-OF-BIRTH	
Client Gender	SEX	
Race/Ethnicity	ETHNIC-CLASS	
Marital Status	MARITAL-STATUS	
Education Level	EDUCATION-LEVEL	
Participation Code		
Total Monthly Income	GROSS-INCOME-AMT	
Income Type 1	INCOME-TYPE	Only if Income Sources #1 exists
Income Subtype 1	INCOME-SUBTYPE	
Income Category 1	INCOME-CATEGORY	
Income Amount 1	INCOME-AMT	
Income Type 2	INCOME-TYPE	Only if Income Sources #2 exists
Income Subtype 2	INCOME-SUBTYPE	
Income Category 2	INCOME-CATEGORY	
Income Amount 2	INCOME-AMT	
Income Type 3	INCOME-TYPE	Only if Income Sources #3 exists
Income Subtype 3	INCOME-SUBTYPE	
Income Category 3	INCOME-CATEGORY	
Income Amount 3	INCOME-AMT	

Data Item	Field Name	Notes/Questions
FILE 2: CLIENT-LEVEL RECORDS (cont.)		
Income Type 4	INCOME-TYPE	Only if Income Sources #4 exists
Income Subtype 4	INCOME-SUBTYPE	
Income Category 4	INCOME-CATEGORY	
Income Amount 4	INCOME-AMT	
Income Type 5	INCOME-TYPE	Only if Income Sources #5 exists
Income Subtype 5	INCOME-SUBTYPE	
Income Category 5	INCOME-CATEGORY	
Income Amount 5	INCOME-AMT	
Income Type 6	INCOME-TYPE	Only if Income Sources #6 exists
Income Subtype 6	INCOME-SUBTYPE	
Income Category 6	INCOME-CATEGORY	
Income Amount 6	INCOME-AMT	
Income Type 7	INCOME-TYPE	Only if Income Sources #7 exists
Income Subtype 7	INCOME-SUBTYPE	
Income Category 7	INCOME-CATEGORY	
Income Amount 7	INCOME-AMT	
Income Type 8	INCOME-TYPE	Only if Income Sources #8 exists
Income Subtype 8	INCOME-SUBTYPE	
Income Category 8	INCOME-CATEGORY	
Income Amount 8	INCOME-AMT	
Income Type 9	INCOME-TYPE	Only if Income Sources #9 exists
Income Subtype 9	INCOME-SUBTYPE	
Income Category 9	INCOME-CATEGORY	
Income Amount 9	INCOME-AMT	
Income Type 10	INCOME-TYPE	Only if Income Sources #10 exists

Data Item	Field Name	Notes/Questions
FILE 2: CLIENT-LEVEL RECORDS (cont.)		
Income Subtype 10	INCOME-SUBTYPE	
Income Category 10	INCOME-CATEGORY	
Income Amount 10	INCOME-AMT	
Make	MAKE	
Model	MODEL	
Vehicle Year	VEHICLE-YEAR	
Vehicle Use	VEHICLE-USE	
Relationship to Head of HH	RELATIONSHIPS	
Citizenship Status	CITIZENSHIP	
Employment Work Registration Status	EMP-PGM-REG-CODE	
Client's AFDC receipt	PROGRAM-TYPE	
Client's AFDC receipt date	PART-END-DATE	
Client Resources (Category)	RESOURCE-CATEGORY	
Client Resources (Type)	RESOURCE-TYPE	
Client Resources (Value)	RESOURCE-VALUE	
Client Expenses (Category)	EXPENSE-CATEGORY	
Client Expenses (Type)	EXPENSE-TYPE	
Client Expenses (Amount)	EXPENSE-AMT	

Source: Mathematica Policy Research (MPR) data specifications.

SDX VARIABLE LIST

SSA STATE DATA EXCHANGE (SDX) DATA FILES
FOR THE SCCAP DEMONSTRATION EVALUATION

Data Item	Field Name
REC_LEN	Record Length
REC_ID_CD	Record Identification Code
TRANS_CD	Transaction Code
REC_ES_DT	Record Establishment Date
REC_PRO_DT	Record Processing Date
REDET_DT	Redetermination Date
REACC_IND	Reaccretion Indicator
CUR_REC_ID	Current Record Indicator
LST_TRA_DT	Last Transaction Type
REC_SRC_CD	Record Source Code
SSN	SSN
CLM_NUM	Claim Number
REC_TYP_CD	Recipient Type Code
IND_NM	Individual's Name
OTH_NM	Other Name
DOB_W_CENT	Date of Birth With Century
SEX_CD	Sex Code
RACE_CD	Race Code
ZEB_IND	Zebley Indicator
MART_STAT	Marital Status
PAY_ADD	Payee Address - First Line Code
PAY_NM_ADD	Payee Name and Address - Number of Lines
PAY_NM_MAD	Payee Name and Mailing Address
PAY_ZIP	Payee Zip Code
PAY_ZIP4	Payee Zip + 4 Code
FL_RECP_NM	First Line of Recipient's Name
RES_ADD_NL	Residence Address - Number of Lines
RES_ADD	Residence Address
RES_ZIP	Residence Zip Code
RES_ZIP4	Residence Zip + 4 Code
DO_CODE	DO Code (Servicing)
PHONE	Telephone Number
APP_DATE1	Application Date
APP_FILE_D	Application Filing Date
DENL_CD	Denial Code
DENL_DATE	Denial Date
DETH_DATE	Death Date
DTH_DT_SCD	Death Date Source Code
SSI_ISD	SSI/Optional SSP Eligibility Date
ALIEN_IND	Alien Indicator
ALN_DT_RES	Alien date of Residence

Data Item	Field Name
CTRY_ORIGN	Country of Origin
RES_CD_HOU	Resource Code-House
RES_CD_VEH	Resource Code - Vehicle
RES_CD_LIN	Resource Code - Life Insurance
RES_CD_IPP	Resource Code - Income Producing Property
RES_CD_OTH	Resource Code Other
THD_INS_ID	Third Party Insurance Indicator
MED_UMEI	Medicaid - Unpaid Medical Expense Indicator
THD_ELD	Third Party Event Liability Date
FS_INPUTDT	Food Stamp Input Date
FS_RESP_ST	Food Stamp Recipient Status
FS_APPL	Food Stamp Application
WIN_RECP	WIN of Recipient
ESS_PS_IND	Essential Person Indicator
SSN_EPEI	SSN of Essential Person of Eligible Individual
WIN_ESS_PS	WIN of Essential Person
SSN_EL_SPS	SSN of Eligible Spouse Parent
WIN_EL_SPS	WIN of Eligible Spouse
REP_PY_SLD	Representative Payee Selection Date
CUST_CD	Custody Code
COMP_CD	Competency Code
TYP_PAY_CD	Type of Payee Code
DIS_PAY_CD	Disability Payment Code
ONDT_DISBL	Onset Date of Disability/Blindness
DRG_ADDICT	Drug Addiction or Alcohol Identification Code
ROLLBK_CD	Rollback Code
FED_CI_SCD	Federal Countable Income Source Code
FED_CONT_I	Federal Countable income
FED_LIVA_C	Federal Living Arrangements
STCD_CONV	State Code at Conversion
WEL_OFF_CD	Welfare Office Code- 12/73 Conversion Only
DIR_DEP_SV	Direct Deposit Savings/ Checking Account Indicator
APP_FLG	Appeals Flag
APP_CODE	Appeals Code
APP_DATE2	Appeal Date
SSN_CR_ID	SSN Cross-Reference Indicator
SSN_MSI	SSN Multiple SSN Indicator
SSN_LMS_1-5	SSN - List of Multiple SSN's
VC_MS_1-5	Verification Code - Multiple SSN's
SSN_COR_NM	SSN - List of Multiple SSN's
QUAL_MD_BN	Qualified Medicare Beneficiary Reserved for Future Use Only
H_HOU_IND	Head of Household Indicator
STUDNT_ID	Student Indicator

Data Item	Field Name
EI PERID	Earned Income Period
EI WAGE ES	Earned Income Wage Estimates
EI EXLUS	Earned income Expense Exclusion
EI NET SE	Earned Income Net Self Employment Estimate
BLD WK EE	Blind Work Expense Exclusion
UI NUM ENT	Unearned Income Number of Entries
UI OVEL ID	Unearned Overflow Indicator
UI ENTY 1-9	Unearned Income Type
INST DETCD	Institutionalization Determination Code
SSI MAA 1-4	SSI Monthly Assistance Amount
SSI GPA 1-4	SSI Gross Payable Amount
ST SUP AMT 1-4	State Supplement Amount
ST SGPA 1-4	State Supplement Gross Payable Amount
PAY DT 1-4	Payment Date
CONDT PAY	Conditional Payment
MULTCAT ID	Multicategory Indicator
SPC NEEDS	Special Needs Code (other than Essential Person)
CONCUR SPC	Concurrent State Payment Code
MON CG 1-10	Month of Change
MED EC_1-10	Medicaid Eligibility Code
PSC 1-10	Payment Status Code
FLAC 1-10	Federal Living Arrangement Code
LAC 1-10	Living Arrangement Code - Optional State Supplement
SCCJ 1-10	State and County Code of Jurisdiction
MED ENT CD	Medicaid Entitlement Code
MED TST ID	Medicaid Test Indicator
MED EFF_DT	Medicaid Effective Date
DT RESD	Date Residency Began
FED EL CD	Federal Eligibility Code
OP ST ELCD	Optional State Eligibility Code
MAND EL CD	Mandatory Eligibility Code
BUD MON_FL	Budget Month Flag
FLAC BM	Federal Living Arrangement Code - Budget Month
UI RNCA	Unearned Income - Retrospective Net Countable Amount
EI RNNCA	Earned income - Retrospective Net Countable Amount
DEMD INCM	Deemed Income Amount (Retrospective)
EI NCA	Earned Income - Net Countable Amount
UI NCA	Unearned income - Net Countable Amount
DIA	Deemed Income Amount
ST BEN AMT	State Benefit Amount
IAR STS_CD	IAR Status Code
SCCR	State and County Code of Reimbursement

Data Item	Field Name
O UPAY ID	Overpayment/Underpayment Indicator
OPAY BALAN	Overpayment Balance
CMON RECB	Current Month's Recovery Amount
OPAY WAIDT	Overpayment Waiver Date
OPAY WAAMT	Overpayment Waiver Amount
CVT RR BN	Converted Railroad Board Number
BLANKS 2	Blanks
RES ST USE	Reserved for State Use
RES WTC	Reserved for Wire Transmission

APPENDIX B
CLIENT SATISFACTION
SURVEY

PRE-RECORDED:
SCCAP STATUS
YES
EXEMPT
NO
DATE OF SSI APPLICATION
DATE OF FSP APPLICATION
DATE OF CONVERSION TO SCCAP

SOUTH CAROLINA COMBINED APPLICATION PROJECT (SCCAP) CLIENT SATISFACTION SURVEY

INTRODUCTION

Hello, may I speak with (CONTACT PERSON NAME).

Hello, my name is _____ from Decision Information Resources, Inc. We are conducting a survey for the U. S. Department of Agriculture on experiences with South Carolina's combined SSI and food stamp application process. Your name was selected from a list of those who applied for or have received SSI within the past twelve months. I am following up on a letter you received telling you about the study. This interview will take about 20 minutes to complete. All of your answers will be kept strictly confidential and will not, in any way, affect your benefits. Let's begin.

TIME BEGAN: |__|__|:|__|__|

DATE: |__|__|/|__|__|/|__|__|
(MM/DD/YY)

INTERVIEWER: _____

RESPONDENT'S NAME: _____

TELEPHONE NUMBER: (____) _____

BENEFIT STATUS VERIFICATION

First, I would like to get some background information about you and the other persons living in your household.

1. Do you currently receive Supplemental Security Income (sometimes called SSI) from the Social Security Administration?

YESGO TO Q.4..... 2

NO 2

2. Did you receive SSI anytime between (SSI APPLICATION) and now?

YES.....GO TO Q. 4..... 1

NO 2

3. IF NO: Why have you not been receiving SSI benefits between (SSI APPLICATION) and now (RECORD VERBATIM AND FIELD CODE)?

ELIGIBILITY DENIED 1
APPLICATION STILL PENDING..... 2
OTHER..... 3

4. Are you are currently receiving food stamp benefits?

YES.....GO TO Q. 6..... 1
NO 2

5. Have you applied for food stamps since (SSI application date)?

YES..... 1
NOGO TO Q.12..... 2

6. INTERVIEWER: CHECK LABEL: IS SSI APPLICATION DATE EARLIER OR LATER THAN JANUARY 1, 1996?

EARLIER..... GO TO Q.12..... 1
LATER..... 2

7. Did you apply for food stamps at the same time you applied for SSI at the Social Security office, or did you apply directly at the food stamp office, or did you apply at both places?

APPLIED FOR FOOD STAMPS AT SSA ONLY .. (GO TO Q. 8)..... 1
APPLIED FOR FOOD STAMPS AT DSS ONLY .. (GO TO Q. 11)..... 2
BOTH SSA AND DSS OFFICE (GO TO Q. 8)..... 3
DON'T KNOW (GO TO Q. 10)..... 8
REFUSED(GO TO Q. 10).....9

8. IF APPLIED FOR FOOD STAMPS AT SSA (Q. 7 = 1 or 3), ASK:

If you could not apply for food stamps at the Social Security office when you applied for SSI, would you have gone to the food stamp office anyway to apply for food stamps? Would you say:

Definitely yes..... 5
Probably yes 4
Maybe..... 3
Probably no 2
Definitely no..... 1

9. How do you rate the process for completing the food stamp application at the Social Security office. Would you say it was:

Very easy 5
Somewhat easy 4
Somewhat hard..... 2
Very hard or 1
Neither easy or hard..... 3

10. How satisfied are you with the time that Social Security office staff took with you to explain the Food Stamp Program? Are you

Very satisfied..... 5
Somewhat satisfied..... 4
Somewhat dissatisfied or..... 2
Very dissatisfied or..... 1
Neither satisfied or dissatisfied 3

11. IF APPLIED FOR FOOD STAMPS AT DSS (Q. 7 = 2 OR 3), ASK FOLLOWING; ELSE GO TO Q. 12:

Why did you apply for food stamps at DSS instead of at the Social Security Office when you applied for SSI? Any other reason? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY)

WANTED TO GET FOOD STAMPS QUICKER
THAN COULD HAPPEN WITH SCCAP 1

BELIEVED HE/SHE HAD EXCESS SHELTER
OR MEDICAL EXPENSE 2

SOME OTHER REASON..... 3

- 11a. How do you rate the process for completing the food stamp application at the DSS food stamp office. Would you say it was:

Very easy 5

Somewhat easy 4

Somewhat hard..... 2

Very hard or 1

Neither easy or hard..... 3

12. Have you visited or talked to staff in a South Carolina Department of Social Services (DSS) food stamp office for any (other) reason concerning the Food Stamp Program since January 1, 1996? (CODE DSS APPLICANTS {Q. 7 = 2 OR 3} AS YES WITHOUT ASKING, AND PROCEED TO Q. 13).

YES..... 1

NOGO TO Q.16..... 2

DON'T KNOWGO TO Q.16..... 8

REFUSEDGO TO Q.16..... 9

13. IF YES: Why did you contact or visit a food stamp office? Was there any other reason you have contacted or visited a food stamp office? (PROBE UNTIL NO OTHER REASONS ARE GIVEN--CIRCLE YES FOR EACH MENTIONED).

	<u>YES</u>	<u>NO</u>
TO APPLY FOR FOOD STAMPS.....	1	0
FOR EBT TRAINING.....	1	0
FOR RECERTIFICATION.....	1	0
HAD OTHER REASONS (specify) _____		
.....	1	0
HAD OTHER REASONS (specify) _____		
.....	1	0

14. How satisfied are you with the length of time it takes the state food stamp office staff to answer your questions or solve problems? Are you...

Very satisfied..... 5
 Somewhat satisfied..... 4
 Somewhat dissatisfied 2
 Very dissatisfied 1
 Neither satisfied nor dissatisfied..... 3
 DON'T KNOW/NOT APPLICABLE..... 9

15. How satisfied are you with the amount of time you have to wait to see a food stamp caseworker when you go to the food stamp office. Are you...

Very satisfied..... 5
 Somewhat satisfied..... 4
 Somewhat dissatisfied 2
 Very dissatisfied 1
 Neither satisfied nor dissatisfied..... 3
 DON'T KNOW/NOT APPLICABLE..... 9

DEMOGRAPHICS/HOUSEHOLD INFORMATION

16. Now, I want to ask you some questions about you and the people living with you.

How many people, including yourself, live in this household?

|__|__|

IF Q. 16 = 1 (R LIVES ALONE), GO TO Q. 18.

18. Please tell me your age.

|__|__|

19. What is your race? Are you...

White 1
 Black 2
 Hispanic..... 3
 American Indian..... 4
 Asian/Pacific Islander 5
 Other..... 6

20. What is your gender (sex)? Are you...

Female 1
 Male..... 2

IF Q. 16 = 1 (R LIVES ALONE, OR DON'T KNOW, OR REFUSED), GO TO THE SECTION, SUFFICIENCY OF FOOD IN THE HOUSEHOLD (Q. 22), ELSE GO TO Q. 21.

21. Now I want to know about the other people who live with you. Please tell me each person's age, sex, and relationship to you. For each person, also tell me if that person purchases food and prepares meals separately from you and if he or she is currently receiving SSI or food stamp benefits. (MAKE SURE THE PEOPLE LISTED IN THE CHART CORRESPONDS WITH THE RESPONSE FOR THE TOTAL # OF PEOPLE NOTED IN Q. # 16, MINUS THE RESPONDENT).

HOUSEHOLD DEMOGRAPHICS (CIRCLE RESPONSE)

a. What is the first name of the other person (s) living with you?	b. How old is he (she)? Year or less 1 DK 8 RF 9	c. What is his (her) sex (gender)? FEMALE1 MALE.....2 RF 9	d. What is his (her) relationship to you? SPOUSE1 PARENT 2 CHILD.....3 OTHER/specify _____ DK 8 RF 9	e. Does he (she) purchase and prepare food separately from you? YES.....1 NO.....2 DK 8 RF 9	f. Is (he/she) receiving SSI benefits? YES.....1 NO.....2 DK 8 RF 9	g. Is (he/she) receiving food stamp benefits? YES.....1 NO.....2 DK 8 RF 9
A. _____	_____ DON'T KNOW 98 REFUSED 99					
B. _____	_____ _____					
C. _____	_____ _____					
D. _____	_____ _____					

SUFFICIENCY OF FOOD IN THE HOUSEHOLD

22. These next questions are about the food eaten in your household.

I am now going to read you four statements. Which best describes your feelings about the foods eaten in your household: (READ LIST AND CIRCLE ONE.) Would you say you get...

- Enough of the kinds of foods
you want to eat or (GO TO Q. 24)..... 1
- Enough but not always the kinds of food
you want to eat or (GO TO Q. 24)..... 2
- Sometimes not enough to eat or 3
- Often not enough to eat 4
- DON'T KNOW 5

23. Now I am going to read some reasons why people may not have enough to eat. For each one, please tell me if that is ever a reason why you don't always have enough food to eat. (READ LIST AND MARK ALL THAT APPLY.)

- a. Too hard to get to the store. Is that ever a reason?
 - YES..... 1
 - NO 2
- b. Do not have a working stove. Is that ever a reason you don't have enough food to eat?
 - YES..... 1
 - NO 2
- c. Do not have a working refrigerator. Is that ever a reason?
 - YES..... 1
 - NO 2
- d. There is not enough money for food - Is this ever a reason why you don't have enough food to eat?
 - YES..... 1
 - NO 2
- e. Not able to cook or eat because of health - Is this ever a reason?
 - YES..... 1
 - NO 2

24. In the last 30 days, did you (IF Q.16 > 1: or other adults in your household) ever get food or borrow money for food from friends or relatives?

YES..... 1
NO 2
DON'T KNOW 3

25. In the last 30 days, did you (or other adults in your household) ever get emergency food from a church, a food pantry, food bank or soup kitchen?

YES..... 1
NO 2
DON'T KNOW 3

26. In the last 30 days, did you (IF Q.16 > 1: or other adults in your household) ever cut the size of your meals or skip meals because there was not enough money for food?

YES..... 1
NO 2
DON'T KNOW 3

27. In the last 30 days, did you (IF Q.16>1: or other adults in your household) ever put off paying a bill so that money would be available for food?

YES..... 1
NO 2
DON'T KNOW 3

AWARENESS OF SCCAP

28. South Carolina has a special program that allows certain SSI recipients to participate in the Food Stamp Program without having to do a separate application. They also do not have to go to the food stamp office for recertification or to sign up again. This project is called "SCCAP" – which stands for South Carolina Combined Application Project.

- 28a. Have you heard of the SCCAP program?

YES.....GO TO Q. 30..... 1
NO 2

29. Were you aware that some SSI persons could apply for food stamps when they sign up for SSI without doing another application?

YES..... 1
NOGO TO Q. 38 2
DON'T KNOWGO TO Q. 38 8
REFUSEDGO TO Q. 38 9

30. How did you **first** hear about this special program (SCCAP or combined application project)? RECORD VERBATIM

_____ | — |

A FRIEND OR RELATIVE	1
A SSA CASEWORKER	2
A FOOD STAMP OFFICE CASEWORKER	3
THE RADIO, TV, AND/OR NEWSPAPER.....	4
A LETTER FROM SSA	5
A LETTER FROM THE DSS	6
A LETTER FROM ANOTHER SOCIAL AGENCY OR COMMUNITY BASED ORGANIZATION	7
OTHER.....	8

31. Do you remember getting any written information telling you about this special SCCAP program or combined application project?

YES.....	1
NOGO TO Q. 33	2
DON'T KNOWGO TO Q. 33	8
REFUSEDGO TO Q. 33	9

32. How helpful to you was the written information you received about this special project?
Would you say it was...

Very helpful.....	4
Somewhat helpful.....	3
A little helpful or	2
Not at all helpful.....	1
DON'T KNOW/NOT APPLICABLE.....	8

33. Do you remember talking to workers from either the Social Security office or the food stamp office or both about this special SCCAP program or combined application project?

YES.....	1
NOGO TO Q. 38.....	2
DON'T KNOWGO TO Q. 38	8
REFUSEDGO TO Q. 38.....	9

34. IF YES: From which offices, Social Security, Food Stamps, or both, did you talk to someone?
(CIRCLE ALL THAT APPLY)

FOOD STAMPS	1
SOCIAL SECURITY	2
BOTH	3
DON'T KNOWGO TO Q. 37	8
REFUSEDGO TO Q. 37.....	9

35. IF FOOD STAMPS EQUALS YES (Q. 34 = 1 or 3), ASK:

How helpful to you was the information you received from the Food Stamp office staff about this special project? Would you say it was...

Very helpful.....	4
Somewhat helpful.....	3
A little helpful or	2
Not at all helpful.....	1
DON'T KNOW/NOT APPLICABLE.....	8

36. IF SOCIAL SECURITY EQUALS YES (Q.34 = 2 or 3), ASK:

How helpful to you was the information you received from the Social Security office staff about this special project? Would you say it was...

Very helpful.....	4
Somewhat helpful.....	3
A little helpful or	2
Not at all helpful.....	1
DON'T KNOW/NOT APPLICABLE.....	8

*** SKIP TO Q. 38 ***

37. IF NOT SURE EQUALS YES (Q. 34=8 OR 9) ASK:

How helpful to you was the information you received from whatever staff you talked with about this special project? Would you say it was...

Very helpful.....	4
Somewhat helpful.....	3
A little helpful or	2
Not at all helpful.....	1
DON'T KNOW/NOT APPLICABLE.....	8

38. INTERVIEWER: CHECK PRERECORD SECTION: IS R SCCAP = Y or E (STRATA <> 5 AND STRATA <> 8)?

YES.....	1
NOGO TO Q. 42	2

39. Did you know that if you have high shelter or medical expenses you may be able to receive higher food stamp benefit amounts if you choose to apply for food stamps through the

regular procedures at the food stamp office rather than through Social Security Administration or the special project?

YES..... 1

NO 2

40. Did you know that at any time in the future, if your shelter or medical expenses increase above a certain amount, you can apply directly to DSS for food stamp benefits which might be higher than what you get now?

YES..... 1

NO 2

41. Did you know that a change in your living arrangements or food preparation arrangements has to be reported to the food stamp or Social Security Office so that your continued eligibility can be determined?

YES..... 1

NO 2

42. Now, I want to ask you about how you get to the places you have to go.

42a. If you had to go to the SSA office, how would you get there?

43. How easy or hard is it for you to get to an SSA office? Would you say it is...

Very easy 5

Somewhat easy 4

Somewhat hard 2

Very hard, or 1

Neither easy nor hard 3

44. How about getting to the county food stamp office. If you had to go the county food stamp office, how would you get there?

45. How easy or hard is it for you to get to the county food stamp office? Would you say it is...

Very easy 5

Somewhat easy 4

Somewhat hard 2

Very hard, or 1

Neither easy nor hard 3

46. INTERVIEWER: CHECK PRERECORD BOX; IF SSI APPLICATION AFTER JANUARY 1, 1996 AND SCCAP STATUS = Y, E, OR N, CONTINUE; ELSE GO TO 56:

47. Now, lets talk about some things about your SSI application.

How satisfied are you with the length of time it took between applying for SSI benefits and being notified of your eligibility for SSI benefits. Are you...

Very satisfied.....	5
Somewhat satisfied.....	4
Somewhat dissatisfied	2
Very dissatisfied	1
Neither satisfied or dissatisfied	3
DON'T KNOW/NOT APPLICABLE.....	9

48. How satisfied are you with being able to apply for SSI and food stamps in the same location. Are you...

Very satisfied.....	5
Somewhat satisfied.....	4
Somewhat dissatisfied	2
Very dissatisfied	1
Neither satisfied or dissatisfied	3
DON'T KNOW/NOT APPLICABLE.....	9

49. How satisfied are you with the ease of completing the food stamp application process through SSA. Are you...

Very satisfied.....	5
Somewhat satisfied.....	4
Somewhat dissatisfied	2
Very dissatisfied	1
Neither satisfied or dissatisfied	3
DON'T KNOW/NOT APPLICABLE.....	9

50. How satisfied are you with the amount of time the SSA staff took to explain the Food Stamp Program to you. Are you...

Very satisfied.....	5
Somewhat satisfied.....	4
Somewhat dissatisfied	2
Very dissatisfied	1
Neither satisfied or dissatisfied	3
DON'T KNOW/NOT APPLICABLE.....	9

51. How satisfied are you with the accuracy of information provided by the SSA staff regarding the Food Stamp Program. Are you:
- Very satisfied..... 5
 - Somewhat satisfied..... 4
 - Somewhat dissatisfied 2
 - Very dissatisfied 1
 - Neither satisfied or dissatisfied 3
 - DON'T KNOW/NOT APPLICABLE..... 9
52. INTERVIEWER: DID R APPLY FOR FOOD STAMPS AFTER JANUARY 1, 1996--EITHER THROUGH DSS OR SSA (CHECK PRERECORD LABEL FOR FS APPLICATION DATE)
- YES..... 1
 - NOGO TO Q. 56 2
53. How satisfied are you with the amount of time the DSS staff took to explain the Food Stamp Program (FSP) or the special SCCAP program to you. Are you...
- Very satisfied..... 5
 - Somewhat satisfied..... 4
 - Somewhat dissatisfied 2
 - Very dissatisfied 1
 - Neither satisfied or dissatisfied 3
 - DON'T KNOW/NOT APPLICABLE..... 9
54. How satisfied are you with the length of time it took between completing your application for food stamps and when you were notified about your eligibility for food stamp benefits. Are you...
- Very satisfied..... 5
 - Somewhat satisfied..... 4
 - Somewhat dissatisfied 2
 - Very dissatisfied 1
 - Neither satisfied or dissatisfied 3
 - DON'T KNOW/NOT APPLICABLE..... 9
56. INTERVIEWER: IS R AN FSP PARTICIPANT (Q. 4 OR 5 = YES)
- YES.....GO TO Q. 59..... 1
 - NO 2

57. Why did you choose not to participate Food Stamp Program? Any other reasons?
(CONTINUE TO ASK FOR ADDITIONAL REASONS UNTIL NO MORE ARE OFFERED)

1. _____

2. _____

3. _____

4. _____

58. Of all of the reasons you have mentioned, which is the primary or main reason you did not participate in the Food Stamp Program?

RECOMMENDATIONS/SUGGESTIONS FOR IMPROVING SCCAP

Finally, please provide us with any suggestions or recommendations for ways in which you think the Food Stamp Program or the special combined application project in South Carolina could be improved.

59. For instance, if you could, what would you change to improve the Food Stamp Program or the special combined application project?

VERNAME. Let me just verify your name? How do you spell your first and last name?

- RATE1. And are you the client, the representative payee, or the food stamp authorized representative?

CLIENT 1

SSA-REP 2

FS-REP 3

That's all the questions we have. Thank you for your cooperation and help. Your input will be important to us in describing how the Food Stamp Program in South Carolina is working.

RATE2. Please rate the respondent on the basis of COOPERATION.

High.....	1
.....	2
.....	3
.....	4
.....	5
.....	6
Low.....	7

RATE3. Please rate the respondent on the basis of TRUTHFULNESS.

High.....	1
.....	2
.....	3
.....	4
.....	5
.....	6
Low.....	7

RATE4. Please rate the respondent on the basis of GENERAL UNDERSTANDING OF QUESTIONS.

High.....	1
.....	2
.....	3
.....	4
.....	5
.....	6
Low.....	7

RATE5. [INTERVIEWER: ARE THERE ANY COMMENTS ABOUT THIS INTERVIEW OR RESPONDENT WHICH YOU THINK ARE IMPORTANT?]

High.....	1
.....	2
.....	3
.....	4
.....	5
.....	6
Low.....	7

END

APPENDIX C

SAMPLING

METHODOLOGY

CLIENT SATISFACTION SURVEY

Sampling Methodology for Client Satisfaction Survey

The client satisfaction survey sample was constructed to ensure adequate representation of each of the three FSP participation subgroups (SCCAP=Y, SCCAP=E, SCCAP=N). The sample was further stratified to include a majority of respondents who were new to the FSP, either by virtue of a new SSI application or as a result of outreach activities by SC DSS to demonstration-eligible SSI recipients who were not previously FSP participants. The resulting sample included eight strata (as shown in Table B.1).

To create the sampling frame, LAC="A" cases from the June 1997 SDX data file were linked to the CHIP file for the same month using social security number. Cases which uniquely matched a record in the CHIP file were then stratified into the appropriate stratum based on SSI and FSP application dates (Table B.1). SCCAP-eligible SSI clients who were not found in the CHIP data file were considered FSP non-participants. Unlinked LAC="A" records were stratified by SSI application date to form the outreach and new applicant FSP non-participant strata. See Figure B.1 for a summary of the sampling approach.

Table B.1 Criteria for Subgroup Sampling

SUBGROUP	FSP APPLICATION DATE	SSI APPLICATION DATE
FSP Conversions (SCCAP=Y)	< October 1, 1995	< October 1, 1995
FSP Conversions (SCCAP=E)	< October 1, 1995	< October 1, 1995
SSI Outreach (SCCAP=Y)	> November 1, 1996	< January 1, 1996
SSI Outreach (SCCAP=E)	> November 1, 1996	< January 1, 1996
SSI Outreach (FSP non-participants)	None	< January 1, 1996
New SSI applicants (SCCAP=Y)	>= SSI application date	>= January 1, 1996
New SSI applicants (SCCAP=E)	>= SSI application date	>= January 1, 1996
New SSI applicants (FSP non-participants)	None	>= January 1, 1996

Once the eligible population for each of the eight strata was identified, respondents were randomly selected from each group. The original study design called for a client survey sample size sufficient to yield results with an allowable error of no greater than ± 5 percentage points for each of the three participation subgroups of interest. Based on a 95 percent confidence interval and assuming no design effects, results from 400 respondents per subgroup were needed.¹ The design also called for a sampling rate within the FSP participant subgroups that would include 300 of the 400 respondents from those who enrolled in FSP after January 1, 1996, the beginning of the SCCAP application procedures. Further, at least half of these would be selected from those whose initial SSI application date was after January 1, 1996, indicating that they applied for SSI during the demonstration period. FSP non-participants were also sampled to ensure that at least half had applied for SSI after January 1, 1996. The targeted sample allocation by stratum and subgroup is provided in Table B.2.

Table B.2 Targeted Client Survey Sample Allocation by Stratum and Subgroup

Stratum/Subgroup	SCCAP=Y	SCCAP=E	SCCAP=N
FSP Converts to SCCAP	100	100	
SSI Outreach Cases	150	150	200
New SSI Applicants	150	150	200
Total Sample	400	400	400

To ensure an adequate number of completed surveys within each stratum, the initial sample size within each group was inflated based on the assumption that accurate telephone numbers would be obtained on 70 percent of the SSI clients and that the response rate would reach at least 80 percent. Therefore, the number of respondents within each stratum was increased by a factor of

¹ For a simple random sample of size n , the confidence interval for a percentage(p) is 1.96 times the standard error of p -- $se(p)$ -- where the standard error is the square root of the sample variance, $var(p)$. We know that $var(p)=n*(p*(1-p))$. If we insert the most conservative assumed value of p (0.5) and the desired confidence interval (95%), we obtain a variance of .049.

1.79 (i.e., $n/(0.70 * 0.80)$). The resulting sample sizes are presented in Table B.3. This table also includes the size of the eligible population within each stratum from which cases were sampled. Given the widely divergent sizes of the eligible population within each stratum, proportionate sampling was not applicable. Rather, a simple random sampling procedure was used to obtain the targeted number of cases in each group.

Table B.3 Initial Sample Sizes (and size of the population from which they were selected) by Stratum and Subgroup

Stratum/Subgroup	SCCAP=Y	SCCAP=E	SCCAP=N
FSP Converts to SCCAP	179 (10,693)	179 (2,514)	
SSI Outreach Cases	268 (8,303)	268 (1,441)	557* (88,310)
New SSI Applicants	268 (470)	268 (333)	557* (8,318)
Total Sample (N=2,544)	715 (19,466)	715 (4,288)	1,114 (96,628)

Survey Results

Overall, 2,496 clients were included in the telephone survey sample. Of these, 1,157 (46 percent) completed the survey, 108 (4 percent) refused to participate, 1001 (40 percent) could not be reached by telephone, and 216 (9 percent) were excluded from the sample. The exclusion category includes out-of-state residents; children; deceased individuals; individuals who were hospitalized or in nursing homes; and respondents who were judged by the interviewer to be incapable of completing the survey. Individuals who were deaf or had some other language difficulty (other than Spanish speaking) that precluded them from completing the survey (< 1 percent) were also excluded from the sample. Lastly, 14 interviews (< 1 percent) were terminated before the survey was complete.

* While the original sample size for these strata called for 357 cases, a supplemental sample of 200 cases was added to each after the initial sample was drawn due to unusually high rates of bad telephone numbers within these strata and the need to exclude some ineligible cases who were inadvertently included in the original sample.

The survey results presented in Table B.4 represent a cooperation rate of 91 percent and an overall completion rate of 51 percent. The cooperation rate was calculated as the ratio of the number of completed surveys (n=1,157) to the number of eligible cases who were successfully contacted by phone (n=1,279). The denominator in this case includes individuals who completed the survey, those who refused, and those who terminated the interview before the survey was complete. The completion rate was calculated as the ratio of the number of completed surveys (n=1,157) to the number of cases potentially eligible to participate in the survey (n=2,280). The denominator in this case includes completions, refusals, terminations, and those whose eligibility could not be determined since phone contact was not successfully made. Cases who were excluded from the sample are not included in this calculation.

Table B.5 Survey results by stratum

	Completes	Unable to contact by phone	Refusals	Exclusions	Terminations	Total
STRATUM						
Convert Y	104	50	9	4	1	168
Convert E	98	60	10	8	3	179
Outreach Y	145	106	5	10	0	266
Outreach E	135	108	10	11	4	268
Outreach N	157	252	18	102	3	532
New App Y	155	80	19	11	2	267
New App E	155	87	7	19	0	268
New App N	208	258	30	51	1	548
TOTAL	1,157	1,001	108	216	14	2,496

Source: Client satisfaction survey

Of the 1,157 completed surveys, 82 percent were conducted with the client, 12 percent were conducted with the SSA representative payee, and 6 percent were completed by the FSP authorized representative. The distribution of completed surveys by strata is presented in Table B.6.

Table B.6 Number of Completed Client Surveys by Stratum and Subgroup

Stratum/Subgroup	SCCAP=Y	SCCAP=E	SCCAP=N
FSP Converts to SCCAP	104	98	
SSI Outreach Cases	145	135	157
New SSI Applicants	155	155	208
Total Sample (N=1,157)	404	388	365

Source: Client satisfaction survey

Sample Characteristics

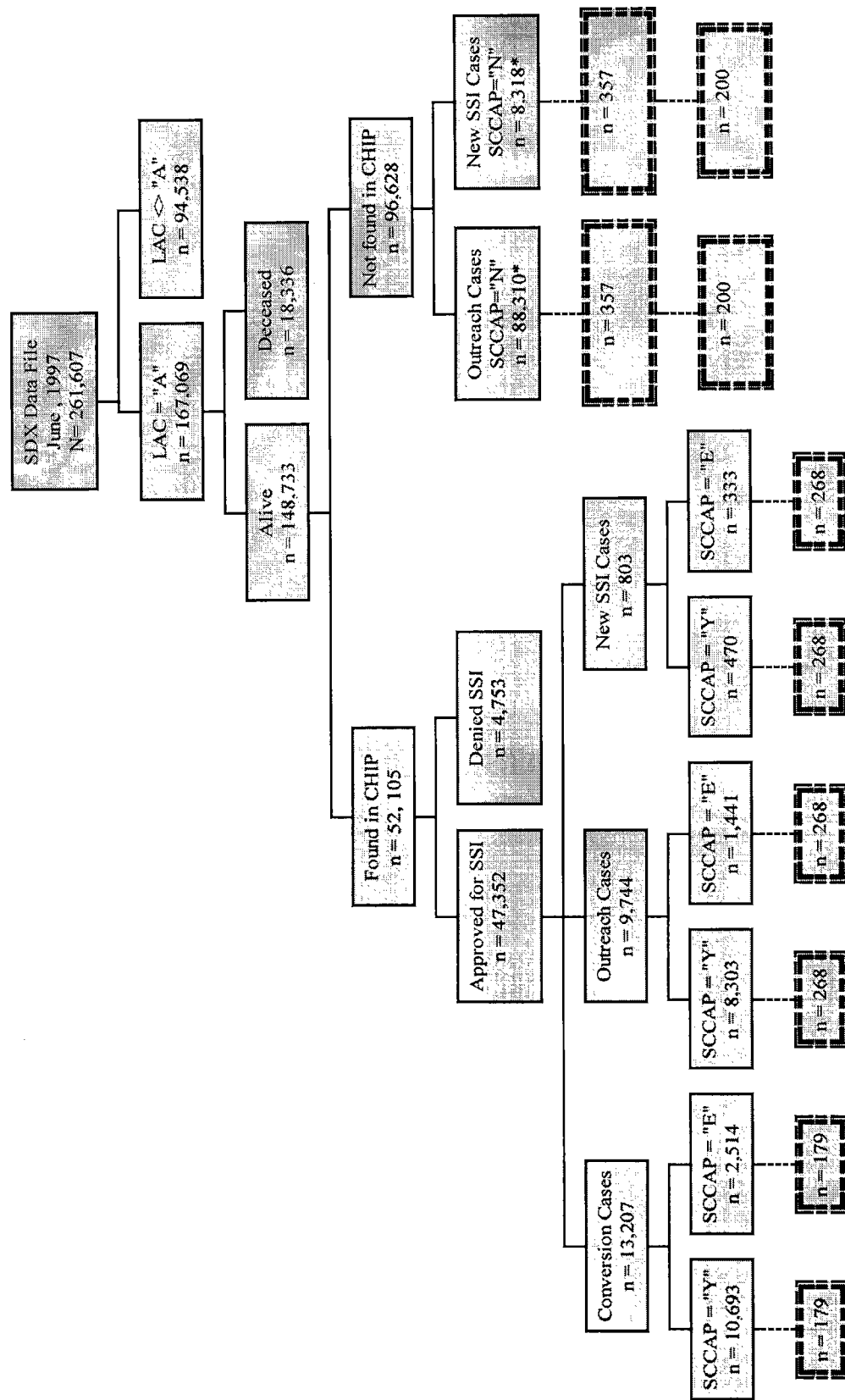
According to self-report, the final sample of survey respondents were:

- 41 percent white, 58 percent black, 1 percent other;
- 31 percent male, 69 percent female; and
- between the ages of 19 and 97, with an average age of 58 years old.

Further, SDX data on this sample indicate that:

- 88 percent of survey respondents were single, widowed or divorced; and
- 26 percent were classified as aged claimants; and
- 74 percent were classified as disabled claimants.

Figure B.1 Sampling Approach for the Client Satisfaction Survey



* SSI denials were inadvertently included in the original sampling population of SCCAP-eligible, non-FSP participants. When the supplemental samples were drawn, SSI denials and cases previously sampled were excluded from the population. The resulting population sizes were 69,947 for outreach, SCCAP=N cases and 4,124 for new SSI, SCCAP=N cases.

Sampling Methodology for Supplemental QC Reviews

Approximately 10 percent of new SCCAP cases for each month between October 1996 and September 1997 were randomly sampled for review. The sampling frame was designed to ensure a final sample of approximately 500 completed reviews which would be sufficient to detect significant and substantial differences in error rates (for either eligibility or benefit amounts) compared to what would be expected under regular FSP processing.

As indicated in Table B.7, with 500 cases, an ineligibility rate of approximately 3.5 percent (twice the 1995 error rate of 1.7 percent) would indicate a significant difference from the general FSP population error rate.

Table B.7 Sample size range for benefit amounts error rate analysis

Obtained SCCAP Benefit Amount Error Rate	SCCAP Benefit Error Rate (less) "Population" Error Rate (9.5%)	Minimum Sample Size Needed to Detect Difference between Obtained Error Rate and Population Estimate Error Rate (9.5%) ¹
4.0%	-5.5%	181
5.0	-4.5	284
6.0	-3.5	367
7.0	-2.5	997
8.0	-1.5	2,886
9.0	-0.5	3,000
10.0	.05	3,000
11.0	1.5	3,000
12.0	2.5	1,151
13.0	3.5	601
14.0	4.5	411
15.0	5.5	270
16.0	6.5	200

¹Assumes .05 confidence level, power = .80, two-tailed test

Similarly, if 6.2 percent of the cases have excess benefit errors, this would indicate a significantly low incidence of errors among SCCAP cases compared to the 1995 FSP population error rate (9.5 percent). Conversely, if the observed rate is 13.7 percent, 500 cases would be

sufficient to indicate a significantly higher error rate of excess benefit payments for SCCAP cases (Table B.8).

Table B.8 Sample size range for ineligibility error rate analysis

Obtained SCCAP Ineligible Error Rate	SCCAP Ineligible Error Rate (less) "Population" Error Rate (9.5%)	Minimum Sample Size Needed to Detect Difference between Obtained Error Rate and Population Estimate Error Rate (9.5%) ¹
1.0%	-0.7%	2,241
1.5	-0.2	24,796
2.0	0.3	12,435
2.5	0.8	1,976
2.7	1.0	1,315
3.2	1.5	668
4.0	2.3	312
5.0	3.3	180
7.5	5.8	73
10.0	8.3	42
15.0	13.3	28

¹ Assumes .05 confidence level, power = .80, two-tailed test

SUPPLEMENTAL QC REVIEWS

APPENDIX D
SUPPLEMENTAL
DATA / TABLES

Respondents Reported Difficulty Getting to the Store

	Yes	No	Total
Y	28 32.9%	57 67.1%	85
E	31 36.0%	55 64.0%	86
N	13 24.1%	41 75.9%	54
Total	72 32.0%	153 68.0%	225

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	2.241 ^a	2	.326

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 17.28.

Source: Client Satisfaction Survey

Respondents Reported Difficulty Having a Working Stove

	Yes	No	Total
Y	5 5.9%	80 94.1%	85
E	8 9.3%	78 90.7%	86
N	3 5.6%	51 94.4%	54
Total	16 7.1%	209 92.9%	225

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	1.017 ^a	2	.601

a. 1 cell (16.7%) have expected count less than 5. The minimum expected count is 3.84.

Source: Client Satisfaction Survey

Respondents Reported Difficulty Having a Working Refrigerator

	Yes	No	Total
Y	6 7.1%	79 92.9%	85
E	4 4.7%	82 95.3%	86
N	2 3.7%	52 96.3%	54
Total	12 5.03%	213 94.7%	225

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	.865 ^a	2	.649

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 2.88.

Source: Client Satisfaction Survey

Respondents Reported Difficulty Having Enough Money For Food

	Yes	No	Total
Y	81 95.3%	4 4.7%	85
E	83 96.5%	3 3.5%	86
N	53 98.1%	1 1.9%	54
Total	217 96.4%	8 3.6%	225

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	.786 ^a	2	.675

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 1.92.

Source: Client Satisfaction Survey

Respondents Reported Difficulty Being Able to Cook Because of Health

	Yes	No	Total
Y	23 27.1%	62 72.9%	85
E	37 43.0%	49 57.0%	86
N	22 40.7%	32 59.3%	54
Total	82 36.4%	143 63.6%	225

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	5.27 ^a	2	.072

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 19.68.

Source: Client Satisfaction Survey

Respondents Reported Difficulty Having Friends or Family Give Them Money With the Past 30 Months

	Yes	No	Total
Y	66 16.3%	338 83.7%	404
E	81 21.0%	304 79.0%	385
N	77 21.3%	284 78.7%	361
Total	224 19.5%	926 80.5%	1150

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	3.929 ^a	2	.140

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 70.32.

Source: Client Satisfaction Survey

Respondents Reported Difficulty Having Emergency Food From Soup Kitchen, Food Pantry,
Etc. Within the Past 30 Months

	Yes	No	Total
Y	40 9.9%	363 90.1%	403
E	39 10.1%	347 89.9%	386
N	25 6.9%	336 93.1%	361
Total	104 9.0%	1046 91.0%	1150

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	2.878 ^a	2	.237

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 32.65.

Source: Client Satisfaction Survey

Respondents Reported Skipping Meals Because Not Enough Money Within The Past 30 Months

	Yes	No	Total
Y	116 29.0%	284 71.0%	400
E	125 32.5%	260 67.5%	385
N	107 29.6%	254 70.4%	361
Total	348 30.4%	798 69.6%	1146

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	1.247 ^a	2	.536

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 109.62.

Source: Client Satisfaction Survey

Respondents Reported Putting Off Paying Bills For Food Money Within The Past 30 Months

	Yes	No	Total
Y	103 26.0%	293 74.0%	396
E	121 31.6%	262 68.4%	383
N	131 36.5%	228 63.5%	359
Total	355 31.2%	783 68.8%	1138

Chi Square Test

	Value	df	Asymp. Sig. (2-sided)
Person Chi-Square	9.678 ^a	2	.008

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 111.99.

Source: Client Satisfaction Survey

APPENDIX E
SUPPORTING
MATERIALS

OUTREACH LETTER

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
P. O. BOX 1520
COLUMBIA, SOUTH CAROLINA 29202-1520

Dear Supplemental Security Benefit (SSI) Recipient:

The Social Security Administration (SSA), in conjunction with the Department of Social Services (DSS), has instituted a pilot project called the South Carolina Combined Application Project (SCCAP). SCCAP is a program where you no longer have to apply with DSS in order to receive food stamps. You are eligible for food stamps because you are an SSI recipient.

If you live alone, or if you live with other people but are responsible for purchasing and preparing meals for yourself only, you should be eligible for SCCAP. In order to receive food stamps, you have to complete the enclosed application form and submit it, in the self-addressed envelope provided, to the South Carolina DSS office.

You will receive a set amount of food stamp benefits (with annual cost-of-living adjustments) and may receive them as long as you continue to receive SSI and your household living arrangement remains the same.

The amount of food stamps you will receive will remain stable unless you have monthly shelter and utilities expenses which exceed \$203 each month or current out-of-pocket medical expenses which exceed \$35 each month. If you have expenses which exceed these guidelines, you may apply for food stamps at the local DSS office in order to receive benefits outside of the SCCAP plan. If you do not have these excess expenses and want to receive food stamps, you must apply through SCCAP.

!!!REMEMBER!!!

If you want to participate in SCCAP, Complete and return the enclosed applicant form.

Report any required changes to your SSA Office.

Important!! You are not required to pay state sales tax on food purchased with food stamp benefits!!

Food Stamp rights and responsibilities are explained on the back of this notice.

If you have any questions concerning food stamps or this notice, please call 1-800-616-1309.

**SCCAP
DECLARATION AND
CONSENT FORM**

DECLARATION AND CONSENT TO PARTICIPATE IN
THE SOUTH CAROLINA COMBINED APPLICATION PROJECT
SCCAP

By signing my name below, I am acknowledging that:

- + I have been informed of the SCCAP project;
- + I have been given an Information Brochure; and
- + I have read, or had explained to me, and understand my rights and responsibilities under the SCCAP project.

I am also declaring that:

- + I either live alone or that I purchase and prepare meals separately from other members in my household; and
- + I have no earned income; and
- + *I choose to participate in the SCCAP project.* ☐ Yes ☐ No

Client's Signature: _____ Date: _____
Social Security Number _____ - _____ - _____

I request that the person named below shall be my "Authorized Representative" and may act with my authority in situations concerning the food stamp program. I know I am responsible for all information given by my representative and will have to pay back food stamps benefits which I get because of wrong information given by my representative.

Name of Representative: _____ Phone: _____

Address: _____

Client's Signature: _____ Date: _____

**SCCAP
APPROVAL LETTER**

CASE NO:
CASELOAD ID:
COUNTY: SPARTANBURG

EBT FOOD STAMP APPROVAL (SCCAP)

DEAR MS.

YOUR REQUEST FOR FOOD STAMPS BENEFITS THROUGH THE SOUTH CAROLINA COMBINED APPLICATION PROJECT (SCCAP) HAS BEEN APPROVED EFFECTIVE DECEMBER, 1996.

YOU WILL RECEIVE \$31.00 IN FOOD STAMP BENEFITS PER MONTH UNLESS THERE IS A CHANGE IN YOUR HOUSEHOLD CIRCUMSTANCES OR UNTIL FURTHER NOTICE.

NEXT MONTH AND EACH FOLLOWING MONTH OF ELIGIBILITY, YOUR BENEFITS WILL BE AVAILABLE THE DAY OF THE MONTH THAT CORRESPONDS WITH THE LAST DIGIT IN YOUR FOOD STAMP CASE NUMBER.

PLEASE CONTACT YOUR LOCAL DSS OFFICE AT 596-3427 IN ORDER TO SCHEDULE A TIME FOR YOU AND/OR YOUR AUTHORIZED REPRESENTATIVE TO COME IN TO THE OFFICE TO SELECT A PERSONAL IDENTIFICATION NUMBER (PIN) AND TO PICK UP YOUR EBT CARD.

YOUR EBT CARD MUST BE KEPT IN A SAFE PLACE. DO NOT TELL ANYONE YOUR PIN NUMBER. IF AN UNAUTHORIZED PERSON GETS YOUR EBT CARD AND FINDS OUT YOUR SECRET CODE, THAT PERSON WILL HAVE ACCESS TO YOUR FOOD STAMP BENEFITS.

REMEMBER !!!!!
YOU MUST REPORT ANY REQUIRED CHANGES TO YOUR SOCIAL SECURITY OFFICE. IF YOU PAY MORE THAN \$208.00 IN SHELTER EXPENSES EACH MONTH OR \$35.00 IN OUT OF POCKET MEDICAL BILLS EACH MONTH, YOU MAY INCREASE THE AMOUNT BENEFITS YOU RECEIVE.

IMPORTANT !!!!! YOU ARE NOT REQUIRED TO PAY STATE SALES TAX ON FOOD PURCHASED WITH FOOD STAMP BENEFITS.

RIGHTS AND RESPONSIBILITIES ARE EXPLAINED ON THE BACK OF THIS NOTICE
IF YOU HAVE ANY QUESTIONS CONCERNING YOUR FOOD STAMP BENEFITS,
PLEASE CALL 1-800-616-1309.

YOUR FOOD STAMP BENEFITS WILL DECREASE TO \$26.00 IN JANUARY DUE TO THE SOCIAL SECURITY COST OF LIVING ADJUSTMENT FOR 1997.

**SCCAP
DENIAL LETTER**



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

Name: _____

Date: ____ / ____ / 97

Address: _____

_____, SC

Dear *SCCAP* Applicant,

Thank you for sending in your Declaration & Consent form to receive food stamps through the South Carolina Combined Application Project, *SCCAP*. After reviewing your form, we have determined that you are **not** eligible for food stamp benefits under *SCCAP* because:

- ___ You are not receiving Supplemental Security Income (SSI);
- ___ You already participate in an open food stamp case, # _____;
- ___ Records show that you have a child under the age of 21 living with you;
- ___ You have too much income;
- ___ According to the Social Security Administration you are not in the eligible federal living arrangement for this program;
- ___ According to the Social Security Administration you are working; and/or
- ___ According to the Social Security Administration you are married.

If this information is not correct, please call 1-800-616-1309. Thank you.

You may apply for food stamp benefits under the Federal Food Stamp Program offered through your local DSS office, but you are **NOT** eligible to participate in the *SCCAP* program.

CONVERSION LETTER

DEAR MS.

BECAUSE YOU ARE A ONE PERSON FOOD STAMP HOUSEHOLD AND RECEIVING SSI, YOU ARE AUTOMATICALLY ELIGIBLE TO PARTICIPATE IN THE SOUTH CAROLINA COMBINED APPLICATION PROJECT (SCCAP). SCCAP IS A PROGRAM WHERE YOU NO LONGER HAVE TO APPLY AT THE DEPARTMENT OF SOCIAL SERVICES TO RECEIVE FOOD STAMPS. YOU ARE CONSIDERED ELIGIBLE FOR FOOD STAMPS BECAUSE YOU ARE AN SSI RECIPIENT.

YOU DO NOT HAVE TO DO ANYTHING ADDITIONAL IN ORDER TO CONTINUE TO RECEIVE FOOD STAMPS. YOU WILL RECEIVE A SET AMOUNT OF BENEFITS (WITH ANNUAL ADJUSTMENTS) WHICH WILL CONTINUE AS LONG AS YOU RECEIVE SSI.

IF YOU HAVE MONTHLY SHELTER EXPENSES WHICH EXCEED \$203.00 OR CURRENT MEDICAL EXPENSES WHICH EXCEED \$35.00 EACH MONTH CONTACT YOUR FOOD STAMP WORKER AS SOON AS POSSIBLE. IF WE

DO NOT HEAR FROM YOU BY SEPTEMBER 26, YOUR FOOD STAMP CASE WILL BE CONVERTED TO THE SCCAP PROGRAM FOR OCTOBER BENEFITS.

IF YOU ONLY RECEIVE SSI, YOU WILL RECIEVE \$30 IN FOOD STAMP BENEFITS EACH MONTH. IF YOU RECEIVE OTHER UNEARNED INCOME IN ADDITION TO YOUR SSI CHECK, YOU WILL RECIEVE \$21 IN FOOD STAMP BENEFITS EACH MONTH.

REMEMBER!!!

REPORT ANY REQUIRED CHANGES TO YOUR SOCIAL SECURITY OFFICE.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR FOOD STAMPS, PLEASE CALL 1-800-616-1309.

CASE NUMBER:

CASELOAD:

SCCAP

**SCCAP
RECERTIFICATION FORM &
FOLLOW-UP LETTERS**



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

Dear SCCAP Food Stamp Recipient:

Your food stamps will stop effective _____ if you do not complete this form and return it in the enclosed self-addressed envelope (or mail it to : SCCAP, South Carolina Department of Social Services, P.O. Box 1520, Columbia, SC 29202) by _____.

1. Is the address listed on the above label your current correct address?

YES ____ NO ____

If no, please provide your correct address here:

2. Do you still live alone?

YES ____ NO ____

3. If you live with someone else, do you purchase and prepare your meals separately?

YES ____ NO ____

4. Do you receive any money from work (earnings)?

YES ____ NO ____

5. Do you want to continue to get food stamps through the SCCAP Project?

YES ____ NO ____

BY SIGNING BELOW, I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____

SOCIAL SECURITY NUMBER ____ - ____ - ____

If you have more than \$35.00 in medical expenses per month or your rent and utilities are more than \$245.00 per month, you may be eligible to receive benefits through the regular Food Stamp Program. Contact your local DSS Office if you think you may qualify for food stamp benefits through the regular program.

If you have any questions about this letter call toll-free to 1-800-616-1309

Your rights and responsibilities are attached to this letter



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, South Carolina 29202-1520

Dear Food Stamp Recipient:

We recently mailed a form to you to complete in order to determine your continued eligibility for food stamps under the South Carolina Combined Application Project (SCCAP). The completed form which we received from you indicated that you are receiving money from work. Please complete the information below and return this letter to us as soon as possible in the envelope provided or mail to SCCAP, South Carolina Department of Social Services, Post Office Box 1520, Columbia, South Carolina 29202-1520. Failure to return this form will result in a loss of your food stamp benefits.

Employer's Name _____

Employer's Address _____

Employer's Phone Number _____

Amount of money you receive weekly _____

Date you started working _____

If you have any questions, please call the SCCAP toll-free number, 1-800-616-1309.

Sincerely,

SCCAP Coordinator

Enclosure



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

Dear SCCAP Recipient:

We are writing to remind you to report any changes in your circumstances to your local Social Security Office.

In responding to recent mail you received from our office, you reported your address had changed; however, information we have indicates that this change of address has not been reported to your local Social Security Office. In order to ensure our records are up to date, please call or visit your local Social Security Office and provide them with your new address.

If you have any questions please call the toll-free SCCAP number, 1-800-616-1309.

Sincerely,

SCCAP Coordinator



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

Name: _____

Date: ____/____/____

Address: _____

Dear *SCCAP* Applicant,

Thank you for sending in your Declaration and Consent form to receive food stamps through the South Carolina Combined Application Project, *SCCAP*. We need more information in order to determine if you are eligible for this program. Please provide the information below and return it to us in the enclosed envelope:

_____ Your correct Social Security Number (SSN): _____

_____ Your correct address: _____

_____ Your current household members; please list **all** the people living in your household and their ages: (continue on back of page if you need more space)

_____ age _____

_____ age _____

_____ age _____

_____ age _____

Do all of you purchase and prepare your meals separately from each other? _____

Your application will **not** be processed unless you mail back the correct information. Please call 1-800-616-1309 if you have questions. Thank you.

**RESTORATION
OF BENEFITS
LETTER**



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

August 1, 1997

Dear SCCAP Food Stamp Recipient:

In October 1995 you began receiving food stamps under the South Carolina Combined Application Project (SCCAP) and continue to receive a standard monthly benefit through this program. SCCAP allows some individuals who receive a Supplemental Security Income (SSI) check to receive food stamps without having to go to the local Food Stamp Office.

We have reviewed everyone who participates in SCCAP currently to see if their food stamps went down in October 1995 as a result of receiving food stamps in this new way. Your food stamps did go down from \$ 36 to \$ 26. If you would like to receive the same amount of food stamps that you were getting in October 1995 (with annual cost of living increases), you may choose to return to the regular Food Stamp Program. If you return to the regular Food Stamp Program, you will be notified at some time within the next 12 months by your local Food Stamp Office as to when you need to be interviewed to continue receiving food stamps.

If you do want to return to the regular Food Stamp Program and receive the benefit you were receiving before October 1, 1995 (with annual cost of living increases), write your Social Security Number here:

and sign your name here:

Please return this letter in the self-addressed envelope enclosed or mail to: SCCAP, SC Department of Social Services, P.O. Box 1520, Columbia, SC 29202-1520.

If you do not sign and return the letter, you will continue to receive your SCCAP benefit each month.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE
CALL THE SCCAP TOLL FREE NUMBER, 1-800-616-1309.**

**FSP
RECERTIFICATION FORM
& FOLLOW-UP LETTERS**

IMPORTANT - PLEASE READ THIS

- ANSWER ALL QUESTIONS ON THIS FORM. IF THE SPACE ON THE FORM IS NOT BIG ENOUGH FOR YOUR ANSWER, YOU MAY ATTACH AN ADDITIONAL SHEET OF PAPER.
- FAILURE TO ANSWER THE QUESTIONS CORRECTLY OR RETURN THE FORM BY THE DUE DATE WILL DELAY, REDUCE OR STOP YOUR AFDC CHECK AND/OR FOOD STAMPS.
- IF YOU MAIL YOUR FORM BY THE DUE DATE AND DO NOT RECEIVE A NOTICE OF APPROVAL OR DENIAL BY THE LAST DAY OF THAT MONTH, CONTACT YOUR CASEWORKER.
- YOUR CASEWORKER MAY CONTACT YOU FOR ADDITIONAL VERIFICATION ABOUT THE INFORMATION YOU PROVIDE ON THIS FORM.
- AFTER REMOVING THE LABEL ON THE OTHER SIDE AND PUTTING IT ON THE RETURN ENVELOPE, TEAR THIS PORTION OF THE FORM OFF AT THE PERFORATION BELOW AND RETAIN IT FOR YOUR RECORDS.

----- TEAR OFF -----

5. Does any person in your household pay for any of these expenses? ☐ Yes ☐ No

If Yes, complete the information to show you want the deduction.

ITEM	WHO PAYS?	AMOUNT	ITEM	WHO PAYS?	AMOUNT
Rent/Landlords Address (comments)		\$	Garbage, Sewerage, Trash Collection		\$
Rent Mobile Home		\$	Electricity		\$
Rental Space/Lot		\$	Gas/Propane		\$
Mortgage/2nd Mortgage		\$	Coal, Oil, Wood, Other		\$
Property Taxes/Assessments (not included in House Payments)		\$	Telephone		\$
Homeowner's Insurance (not included in House Payments)		\$	Utility Installation Fees		\$
Water		\$	Expenses for Unoccupied Home		\$

Do you have any heating cost? ☐ Yes ☐ No

Do you have any cooling cost? ☐ Yes ☐ No

Does anyone receive energy assistance payments? ☐ Yes ☐ No

Does anyone outside of your household help you pay any of these expenses? ☐ Yes ☐ No

Do you choose standard utility allowance? ☐ Yes ☐ No; If No, do you choose actual utility cost? ☐ Yes ☐ No

6. Does any person pay for child care, or pay for the care of a disabled adult household member? ☐ Yes ☐ No
Send in all bills and/or receipts for the months shown in Item #3 (on front) and complete the information below for those months.

WHO DOES THE SITTER CARE FOR? →			
Who pays the sitter?	Name of Sitter	Phone No.	
IF YOU DO NOT HAVE ALL BILLS/RECEIPTS, HAVE SITTER COMPLETE THIS SECTION. →			
SITTERS' SIGNATURE	COST EA. WEEK	DAY OF WEEK DUE	TOTAL PAID FOR MOS. IN ITEM #3
	\$		\$

7. Does any person age 60 or over, or who is receiving disability benefits pay for any medical expenses over \$35 monthly themselves? ☐ Yes ☐ No

Do you wish to claim a deduction for these expenses? ☐ Yes ☐ No If Yes, send in receipts or a computer printout of expenses.

8. Does anyone in your household have any of the following resources? ☐ Yes ☐ No

TYPE	WHO OWNS IT?	NAME OF BANK/LOCATION OF PROPERTY	AMOUNT/VALUE
Cash on Hand			\$
Checking Account			\$
Savings Account			\$
Stocks/Bonds			\$
Land/Buildings			\$
Other (List)			\$

9. List vehicles (cars, trucks, boats, recreation vehicles, motorcycles, etc.)

TYPE VEHICLE	WHO OWNS IT?	MAKE/MODEL	VEHICLE		MARKET VALUE	AMOUNT OWED
			YEAR	LICENSED?		
				YES NO	\$	\$
				YES NO	\$	\$
				YES NO	\$	\$
				YES NO	\$	\$

10. Do you know of anything that has changed or is expected to change? Please tell us about the change.

I certify that I have answered all questions truthfully and completely under the penalty of perjury. I understand that information given on this form may cause my AFDC or Food Stamps benefits to stop or change. For Food Stamp purposes, I certify that any new member(s) of my household listed in Item #2 is a U.S. Citizen or legal alien.

Signature: _____ Date: _____ Daytime Phone: _____



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

Dear SCCAP Recipient:

Several months ago the Department of Social Services (DSS) mailed you a form that you completed and returned to us to continue receiving food stamp benefits. This form is also necessary to change you from the South Carolina Combined Application Project (SCCAP) to the regular Food Stamp Program administered by your county DSS office. We received the form but it did not provide all the information necessary to determine if you qualify for continued food stamp benefits. We have tried on several occasions to contact you to clarify some of the information you provided.

In order to determine your continued eligibility for food stamp benefits, we need to talk with you as soon as possible. Please call our office at 1-800-616-1309 to discuss your situation.

If we have not heard from you by _____ your food stamp benefits may be decreased or stopped.

Thank you for your cooperation in this matter.

Sincerely,

Shari Cranford

SCCAP Coordinator



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES

James T. Clark, State Director, P.O. Box 1520, Columbia, S.C. 29202-1520

Dear SCCAP Recipient:

Your food stamp case was transferred from your local DSS office to the South Carolina Combined Application Project (SCCAP) in September, 1995. Subsequently, you requested that your case be returned to the local DSS office for maintenance. To complete this process you were asked to complete and return a review form to our office providing information concerning your monthly shelter costs. Some of the information was incomplete. We need verification of the following:

<input type="checkbox"/> Rent(House/Apartment)	<input type="checkbox"/> Garbage, Sewerage, Trash Collection
<input type="checkbox"/> Rent (Mobile Home)	<input type="checkbox"/> Electricity*
<input type="checkbox"/> Rent (Space/Lot)	<input type="checkbox"/> Gas/Propane*
<input type="checkbox"/> Mortgage/2nd Mortgage	<input type="checkbox"/> Coal, Oil, Wood, Other*
<input type="checkbox"/> Property Taxes/Insurance	<input type="checkbox"/> Telephone
<input type="checkbox"/> Water*	<input type="checkbox"/> Medical Expenses (paid out of pocket)*

**** Because we must have the average monthly cost, you may need to secure a statement as to your average monthly cost.***

Please return the requested information to our office using the envelope enclosed or mail to: SCCAP, South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202-1520. If we do not receive the needed information by _____, your food stamp benefits will be calculated without benefit of these deductions and your case may not be eligible for transfer to the regular Food Stamp Program. In that event, you will remain in SCCAP.

If you have questions, please call the SCCAP toll-free number, 1-800-616-1309.

Sincerely,

Shari Crawford

SCCAP Coordinator

Enclosure

APPENDIX F
FOOD STAMP BENEFIT
CALCULATIONS

Food Stamp Benefit Calculations for SCCAP-Eligible Households

To understand how the SCCAP's combined standard rent and utility costs called for under SCCAP regulations can result in decreased benefits for some households and increased benefits for others, it is useful to examine the benefit calculation formula used in the FSP (Ohls & Beebout, 1993). Under normal program rules, the benefit amount is equal to the maximum allowable allotment for the household size minus 30 percent of the net monthly income. This is represented by the following formula:

$$\text{Benefits} = \text{Maximum allotment}^1 - .3(\text{Net Monthly Income})$$

Net monthly income (NMI) is equal to gross monthly income minus a series of deductions and is represented by the following formula:

$$\text{Net Monthly Income} = (\text{Gross income} - \text{Standard Deduction}^2 - \text{Earned Income Deduction} - \text{Dependent Care Deduction} - \text{Child Support Deduction} - \text{Excess Medical Deduction} - \text{Excess Shelter Deduction})$$

The shelter deduction is itself defined in terms of other variables in the above equation and can be calculated as:

$$\text{Shelter Deduction}^3 = \text{Expenses} - .5(\text{Gross income} - \text{Standard Deduction} - \text{Earned Income Deduction} - \text{Dependent Care Deduction} - \text{Child Support Deduction}).$$

Under SCCAP guidelines, individuals are given a standard shelter amount for rent and utilities, regardless of actual expenses. When calculating shelter expenses under regular FSP rules, actual expenses are used for the rent amount while the utility amount can be based on either the standard utility allowance or actual expenses. Food stamp participants who have any heating or cooling expenses are eligible for the same standard utility allowance (\$150) available

¹ The maximum allotment for a single-person household is currently \$125 (USDA homepage).

² The standard deduction, currently \$134, is available to all food stamp recipients.

under SCCAP unless the individual shares household expenses with others, in which case he/she is eligible for only half of the standard deduction (\$75). If utility costs exceed \$150 per month and adequate documentation is provided, FSP participants have the option of declaring actual expenses rather than standard allowance.

The effect of using standardized shelter costs under SCCAP versus regular food stamp benefit calculations varies depending on the actual expenses incurred by the individual. To demonstrate, data representing three demonstration-eligible households with different shelter expenses will be used to calculate food stamp benefit amounts under normal program rules. Calculations will be based on the assumption that both households are currently receiving SSI benefits in the amount of \$494 with no other earned or unearned income and no deductions other than excess shelter expenses.

Examples of the Effect of Standardized Shelter Expenses under SCCAP versus Regular FSP Processing

	Actual Rent	Actual Utilities	Total Expenses	SCCAP Shelter Expenses (October 1998)			Regular FSP Shelter Expenses (October 1998)		
				Rent	Utility	Total	Rent	Utility	Total
Case A	0	50	50	95	150	245	0	150	150
Case B	150	75	225	95	150	245	150	150	300
Case C	250	100	350	95	150	245	250	150	400

Using the formulas provided above, the benefit calculations for each case are provided below:

Case A:

$$\text{Shelter Deduction} = \$150 - .5(\$494 - \$134) = \$0$$

$$\text{Net Monthly Income} = (\$494 - \$134 - \$0) = \$360$$

$$\text{Benefits} = \$125 - .3(360) = \$17$$

³ FSP regulations call for a cap on the shelter deduction. Currently, the maximum allowable shelter deduction is \$275 (USDA homepage).

Case B:

$$\text{Shelter Deduction} = \$300 - .5(\$494 - \$134) = \$120$$

$$\text{Net Monthly Income} = (\$494 - \$134 - \$120) = \$240$$

$$\text{Benefits} = \$125 - .3(240) = \$53$$

Case C:

$$\text{Shelter Deduction} = \$400 - .5(\$494 - \$134) = \$220$$

$$\text{Net Monthly Income} = (\$494 - \$134 - \$220) = \$140$$

$$\text{Benefits} = \$125 - .3(140) = \$83$$

In all cases, SCCAP guidelines call for a standard shelter amount of \$245 and a benefit allotment of \$33 (Table VI.3). Compared to regular food stamp processing, Case A would receive \$16 more under SCCAP than he/she would have received under normal FSP rules. Conversely, Case B would receive \$20 less under SCCAP compared to regular food stamp processing. While Case C would receive considerably less (\$50) under SCCAP compared to regular processing, this household would be eligible to claim excess expenses and participate outside of the demonstration since their actual expenses the shelter standard.